



## REPTILE, AMPHIBIAN, FISH, INVERTEBRATE QUESTIONNAIRE

Animal's Name: \_\_\_\_\_ Sex: M F Unknown Age: \_\_\_\_\_

Species: \_\_\_\_\_ Date Acquired: \_\_\_\_\_

Source of Animal: Pet Store \_\_\_\_\_ Prior Owner \_\_\_\_\_ Breeder \_\_\_\_\_ Other \_\_\_\_\_

Wild Caught \_\_\_\_\_ Domestic Bred \_\_\_\_\_ Unknown \_\_\_\_\_

Cage Bedding: \_\_\_\_\_ Type of Thermometer in Cage: \_\_\_\_\_

What types of Heat Sources Do You Use? \_\_\_\_\_

Temperature in *Warm* End of Cage: \_\_\_\_\_ *Cool* End: \_\_\_\_\_ Night: \_\_\_\_\_

If aquatic, CIRCLE EACH if you have a FILTER? YES NO PUMP? YES NO

How often do test water quality? \_\_\_\_\_ Recent water quality problems? YES NO

How often do you soak your reptile (ONLY), not including water in cage? \_\_\_\_\_

When was the last shed (if applicable) & describe any problems: \_\_\_\_\_

When was the last defecation? \_\_\_\_\_ Normal Defecation? YES NO

List other associated animals (species & how many): \_\_\_\_\_

If YES, are they in same cage or have direct contact with this animal? YES NO

Any Other Sick? YES NO Have any died? YES NO

When did YOU notice your animal was sick? \_\_\_\_\_

List everything your animal ACTUALLY eats. HOW MUCH and HOW OFTEN FED:

\_\_\_\_\_

What signs have you noticed regarding this animal, this incident? (CIRCLE ALL THAT APPLY):

diarrhea, blindness, vomiting, constipation, anorexia: breathing difficulty, lethargic, collapse, skinny, obese, leg problems, twitching, eye/nostril/ear problems, bitten, skin (shell)/shed problems, change in personality, overgrown beak, mouth problems, reproductive problems

Is the animal on any medications? If YES, what are they? \_\_\_\_\_

\_\_\_\_\_

\*\*I AM / AM NOT familiar with Salmonellosis.

\*\*I DO / DO NOT understand public health risks associated with Salmonellosis infection.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_